

RECEIVED
DEC 1 2000

THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

REC'D DEC 1 2000

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Greensphere, Inc.

NAME OF GIFT RECIPIENT

119-42 80th Road
ADDRESSKew Gardens, NY
CITY/STATE

\$ 2,500.00

AMOUNT OF GIFT

AMOUNT \$ 2,500

TITLES

ZIP CODE

10/20/2000

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

Anthony & Cheryl McEwan

PRINTED NAME OF CONTRIBUTOR

Cheryl Ewan

SIGNATURE OF CONTRIBUTOR

Part II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(13), and mail the *entire* form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 2,500, was received on 10-21-2000
DATE

by Green Sphere Inc.
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

and that I have read, and will ensure our organization's
compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

FRANK MELLI
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

DEC 1 5 2000

Frank Meli
SIGNATURE

FOR FOUNDATION USE ONLY:

Linda Muller
CORPORATE SECRETARY

125/00

DATE

FROM : MORTGAGEE CHASE
TO : THE ROCKEFELLER FOUNDATION
FAX NO. : 212-312-6076 Date: 01/03/2008 10:10:21 AM
TEL NO. : 212-312-6076 TEL NO. : 212-312-6076



THE ROCKEFELLER FOUNDATION
420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

Part II: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

12/5/00

Green Sphere, Inc.
NAME OF GIFT RECIPIENT

119-82 83rd Road
ADDRESS

New Gardens, NY
CITY/STATE

1145
ZIP CODE

\$ 3,500.00
AMOUNT OF GIFT

Dec-1-00
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED RESTRICTED

Anthony and Cheryl McLean
PRINTED NAME OF CONTRIBUTOR

Anthony and Cheryl McLean
SIGNATURE OF CONTRIBUTOR

Part II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 569(a)(1), and mail the *entire* form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 3,500.00 was received on 12-1-00
by *Green Sphere, Inc.* and that I have read, and will ensure our organization's

compliance with the conditions of the Matching Gift Program described on the reverse side of this application.

Frank Meli

PRINTED NAME OF CEO, EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Meli

SIGNATURE

FOR FOUNDATION USE ONLY:

Lyndon Muller

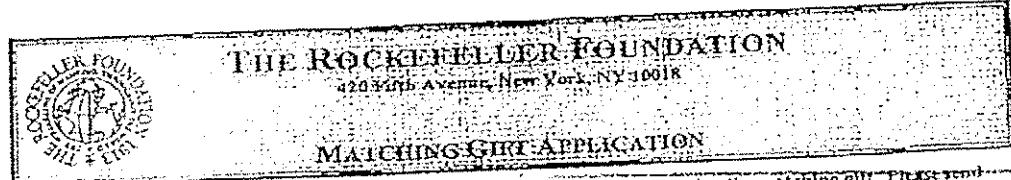
CORPORATE SECRETARY

12/5/00

DATE

Vendor ID (GREEN0002)	Vendor Name GREEN SPHERE INCORPORATED	Date December 15, 2000	Document No. 126620
Invoice No. CM:10/21/00 CM:12/17/00	Date PO# 12/7/00 12/7/00	Description 3-1 BATCH: A. AND C. MC EWAN 3-1 BATCH: A. AND C. MC EWAN	Amount \$7,500.00 \$10,500.00 \$18,000.00
TOTAL:			

THERESA C. SILVER
TEL. NO. 1212-862-5021
FAX NO. 1212-862-5022
E-MAIL: THERESA.SILVER@ROCKEFELLER.ORG
NOV 26 2001 11:48 PM '01
212 652 0439 TO 91716538626 P.02/03



Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

<u>Green Sphere Inc.</u>	<u>3/15/01</u>	<u>Match APR 2001</u>
NAME OF ORGANIZATION	AMOUNT \$ 9000	
<u>86-02 Park Lane South Woodbury</u>	*625	CITY/STATE
ADDRESS	ZIP CODE	
\$ <u>3,000</u>	DATE OF GIFT	
AMOUNT OF GIFT	3/15/01	
PURPOSE OF GIFT: UNRESTRICTED: <input checked="" type="checkbox"/>	RESTRICTED:	
I CERTIFY THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.		
<u>CME</u>	<u>Edie Egan</u>	
PRINTED NAME OF CONTRIBUTOR	SIGNATURE OF CONTRIBUTOR	

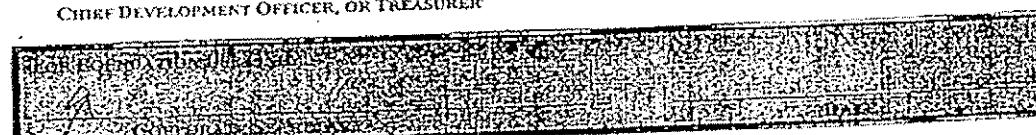
Part II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 3,000, was received on 3/15/01.

by GREEN SPHERE INC. and that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

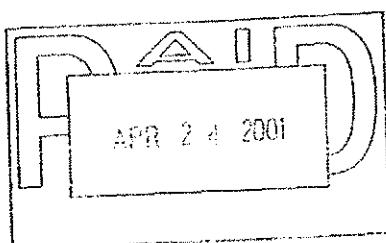
FRANK MELLI
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli
SIGNATURE



Linda Mullin

4/2/01



Vendor ID (GREF0002)	Vendor Name GREEN SPHERE INCORPORATED	Date April 24, 2001	Document No. 129931
Invoice No. CR:3/15/01	Date POF 3/15/01	Description 3-5 MATCH: CHERYL MCNAUL	Amount \$9,000.00
TOTAL:			\$9,000.00

60
50
40
30
20
10

TERESA C. SILVA

TEL. No. 1212-8623031

Mar. 5, 2001 6:11 P.M.

GPT



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

Part I. To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.
NAME OF GIFT RECIPIENT

86-02 Park Lane South, #6B5
ADDRESS

Woodhaven, NY
CITY/STATE

11421
ZIP CODE

\$5,000.00
AMOUNT OF GIFT

6/30/2001
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED: _____

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl McEwan
PRINTED NAME OF CONTRIBUTOR

Edie Ewan
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$5,000.00, was received on 6/30/01

by GREEN SPHERE INC. and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

FRANK MELLI
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli
SIGNATURE

FOR FOUNDATION USE ONLY:
LYNDA MULLEN

BY MRS
CORPORATE SECRETARY

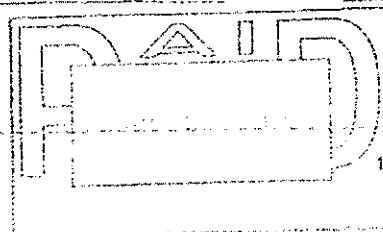
July 13, 2001
DATE

4+ TO THE PAGE, FDP A/P

JUL 11 2001 12:24

1P12 8623631

PAGE 02



Vendor ID (GKRE0002)	Vendor Name GREEN SPHERE INCORPORATED	Date July 18, 2001	Document No. 131830
Invoice No. CM:6/30/01	Date PO# 6/30/2001	Description 3-EMATCH: CHERYL MCLEAN	Amount \$15,000.00
TOTAL:			\$15,000.00

TERESA C. SILVA

TIN No. 1212-8623031

May 5, 2001 7:20 P.M.



THE ROCKEFELLER FOUNDATION
420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

PART I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

PAID P.O. #

Green Sphere, Inc.
NAME OF GIFT RECIPIENT

86-02 Park Lane South, #6BS
ADDRESS

Woodhaven, NY
CITY/STATE

11421
ZIP CODE

\$ 5,000.00
AMOUNT OF GIFT

9/1/2001
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl and Anthony McEwan
PRINTED NAME OF CONTRIBUTOR

Elli c Evans
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 5,000.00, was received on 9/1/2001
by Green Sphere Inc. and that I have read, and will ensure our organization's
compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

Frank Meli

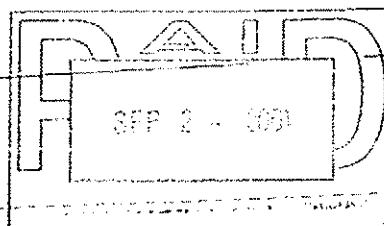
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Meli

SIGNATURE

FOR FOUNDATION USE ONLY:

Linda Mullen
CORPORATE SECRETARY



9/21/01

DATE

* * TOTAL PAGE .61 *

SEP 30 2001 12:34

TIN No. 1212-8623031

PAGE .61

Vendor ID (PREL002)	Vendor Name GREEN SPHERE INCORPORATED	Date September 24, 2001	Document No. 133438
Invoice No. (M:9/)/01	Date PO# 9/2/01	Description 3-1 MATCH: CHERYL MCNEIL	Amount \$15,000.00
TOTAL:			\$15,000.00

NOV-30-2001 15:08:00 PARLIAMENT
NEW YORK CITY 42112 MR ROCKEFELLER

212 632 8419 TC 2171884662-01

P.01/01



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

PART I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Match

MATCH NAME 04-Dec-01

AMOUNT \$ 15,000.00

Green Sphere, Inc.

NAME OF GIFT RECIPIENT

86-02 Park Lane South, #6B5

Woodhaven, NY

11421
ZIP CODE

ADDRESS

\$ 5,000.00

CITY/STATE

11/29/2001

AMOUNT OF GIFT

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED: _____

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl and Anthony McEwan

PRINTED NAME OF CONTRIBUTOR

DEC - 2001

Signature of Contributor

PART II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 5,000, was received on 11-29-01 DATE

by GREEN SPHERE INC.
Name of Organization (Please use corporate name)

and that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

FRANK MELLIPRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURERFrank Melli

SIGNATURE

FOR FOUNDATION USE ONLY:

Lynda Muller
CORPORATE SECRETARY

11/30/01

DATE

TOTAL FUND P.01
TOTAL P.01

PAGE.01

NOV 30 2001 15:08

No Check C/P
P.M.
W.B.
718 441 8449

Vendor ID (GRE0002)	Vendor Name GREEN SPHERE INCORPORATED	Date December 5, 2001	Document No. 154862
Invoice No. EW1123/01	Date PO# 12/4/2001	Description 3 TO 1 MATCH CHERRY MEDIUM	Amount \$15,000.00
			\$15,000.00
		TOTAL:	

100-000-02-12-16-00
 FEB 27 2002 11421 DR EXEMPTILER 202 652 6439 TO 917100068676 P.02/02



THE ROCKEFELLER FOUNDATION
420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.

NAME OF GIFT RECIPIENT

86-02 Park Lane South, #6135
ADDRESS

Woodhaven, NY
CITY/STATE

11421
ZIP CODE

\$ 7,500.00

2/27/2002
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

LATEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl McEwan

PRINTED NAME OF CONTRIBUTOR

Cheryl McEwan
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation -- e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 7,500, was received on 2/27/02

[Signature]
Name of Organization (Please Use Corporate Name)
I certify that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

FRANK MELLI

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli
SIGNATURE

FOR FOUNDATION USE ONLY:

LYNDA MULLEN

CORPORATE SECRETARY

Mar 5, 2002
DATE

** 10007 PAGE 02 **

MAR - 7 2002

PAID P.O. #

BATCH NAME *RUSH MATCH* SPZ

AMOUNT \$

20000.00

PAGE 01

FEB 28 2002 12:17

Vendor ID (GREEN0002)	Vendor Name GREEN SPHERE INCORPORATED	Date March 7, 2002	Document No. 136986
Invoice No. CM:2/27/02	Date PO# 2/27/2002	Description 3-1 MATCH: CHERYL MCLEAN	Amount \$22,500.00
TOTAL:			
\$22,500.00			



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

JUN 12 2002

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.
NAME OF GIFT RECIPIENT

DATE	AMOUNT:
Hatch 14-JUL-02	\$ 9,000 -
GR/FLP	

86-02 Park Lane South, 6B5
ADDRESS

Woodhaven, NY
CITY/STATE

11421
ZIP CODE

\$ 3,000.00
AMOUNT OF GIFT

6/1/2002
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl M. Evans
PRINTED NAME OF CONTRIBUTOR

JUN 12 2002

Cheryl Evans
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation -- e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 3000 was received on 6/4/02
by Green Sphere Inc. and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

Frank Melli
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli
SIGNATURE

FOR FOUNDATION USE ONLY:

LYNDA MULLEN

CORPORATE SECRETARY

BY LM

JUN 12 2002

DATE

Vendor ID (GREEN0002)	Vendor Name GREEN SPHERE INCORPORATED	Date June 19, 2002	Document No. 138823
Invoice No. C04: 6/4/02	Date PO# 6/4/2002	Description 3-1 MATCH: CHERYL MCNAUL	Amount \$9,000.00
TOTAL:			\$9,000.00

FROM: Green Sphere Inc.

FAX NO.: 718 846-6243

Jan. 31 2003 01:25AM PS

FEB 2 6 2003



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

FEB - 6 2003

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.

NAME OF GIFT RECIPIENT

Match 27-Feb-03

\$ 15,000 -

86-02 Park Lane South, 6B5

Woodhaven, NY

11421

ADDRESS

CITY/STATE

ZIP CODE

\$ 5,000.00

1/20/2003

AMOUNT OF GIFT

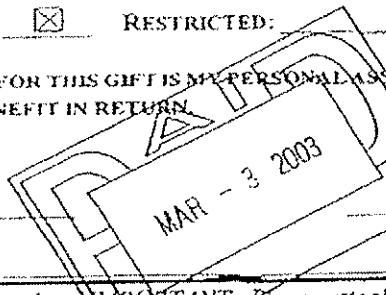
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl McEwan
PRINTED NAME OF CONTRIBUTOR

Signature of Contributor



PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 5,000. was received on 1/20/03

by GREEN SPHERE INC. and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

FRANK MELLI

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli

SIGNATURE

FOR FOUNDATION USE ONLY:

Lynda Muller
CORPORATE SECRETARY

2/25/03

DATE

Vendor ID (GREEN002)	Vendor Name GREEN SPHERE INCORPORATED	Date March 3, 2003	Document No. 142762
Invoice No. CMM: 1/20/03	Date PO# 1/20/2003	Description 3-1 MATCH: CHERYL MCNEWAN	Amount \$15,000.00
TOTAL: \$15,000.00			

1-2
2104

213

CHERYL A. MCEWAN ANTHONY P. MCEWAN 149 - 39 - 257TH STREET PH. 718-723-2699 ROSEDALE, NY 11422	DATE <u>1/20/03</u>
PAY TO THE ORDER OF <u>Green Sphere</u>	\$ <u>5,000</u>
<u>Five thousand 00</u>	DOLLARS <u>0</u>
CHASE	The Chase Manhattan Bank 1501 Broadway New York, NY 10036
MEMO	<u>402100002100138423?*</u>

Cheryl Ewan
2135

FROM :Green Sphere Inc.

FAX NO. :718 846-6243

Jun. 24 2003 09:14PM P2



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

JUN 30 2003
JUL 01 2003

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.

Match 01-Sab03 \$30,000 -

NAME OF GIFT RECIPIENT

86-02 Park Lane South, 6B5

Woodhaven, NY

11421

ADDRESS

CITY/STATE

ZIP CODE

\$ 10,000.00

6/14/2003

AMOUNT OF GIFT

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cec Ewan
PRINTED NAME OF CONTRIBUTOR

Signature of Contributor

JUL - 7 2003

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation -- e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 10,000.00 was received on 6/14/03

by Green Sphere Inc. and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

FRANK MELLI

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli

SIGNATURE

FOR FOUNDATION USE ONLY:

Lynne Muller
CORPORATE SECRETARY

6/14/03
DATE

Vendor ID (GREN0002)	Vendor Name GREEN SPHERE INCORPORATED	Date July 7, 2003	Document No. 144549
Invoice No. CMM: 3/14/03	Date PO# 6/14/2003	Description 3-1 MATCH: CHERYL MCNEIL	Amount \$30,000.00
TOTAL: \$30,000.00			

FROM :Green Sphere Inc.

FAX NO. :718 846-6243

Jun. 24 2003 09:14PM P3

CHERYL MC EWAN
BRANDON J. ANDERSON
156-04 - 130 AVE. 716-733-2699
GOCHINLE, NY 11438

Washington Mutual

Washington Mutual
156-04 - 130 AVE. 716-733-2699
GOCHINLE, NY 11438

6/14/03

104

\$ 10,000

Gold
Customer

Cherry

1021222231 4890299980# 0104

FROM: GREEN SPHERE INC.

FAX NO.: 718 846 6243

Feb. 09 2004 03:04PM PI



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MAR 6 2 2004

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.

NAME OF GIFT RECIPIENT

86-02 Park Lane South, 6B5 ADDRESS	Woodhaven, NY CITY/STATE	11421 ZIP CODE
---------------------------------------	-----------------------------	-------------------

\$ 1,400.00

1/15/2004

AMOUNT OF GIFT

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED:

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

PRINTED NAME OF CONTRIBUTOR	BATCH	AMOUNT:	SIGNATURE OF CONTRIBUTOR
Cheryl & Anthony McEwan	HATL03-HAE-04	\$ 4,200.	Cheryl Ewan

PART II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 1,400.00 was received on 1-15-04

by Green Sphere Inc. and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (IF ANY USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

Frank Mellie

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Mellie

SIGNATURE

FOR FOUNDATION USE ONLY:

Linda Phillips

CORPORATE SECRETARY

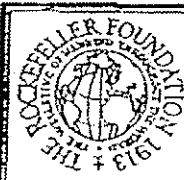
3/2/04

Date

FROM : GREEN SPHERE INC.

FAX NO. : 718 846 6243

Feb. 09 2004 02:23PM PI



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MAR 02 2004

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Green Sphere, Inc.

NAME OF GIFT RECIPIENT

86-02 Park Lane South, 6B5
ADDRESS

Woodhaven, NY
CITY/STATE

11421
ZIP CODE

\$ 1,100.00

AMOUNT OF GIFT

1/26/2004

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED: _____

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Chetyl & Anthony McEwan

PRINTED NAME OF CONTRIBUTOR

Chetyl & Anthony McEwan

SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 1,100.00, was received on 1-26-04

by Green Sphere INC. and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

Frank Melli

**PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER**

Frank Melli

SIGNATURE

FOR FOUNDATION USE ONLY:

Landon Muller

CORPORATE SECRETARY

DATE GIFT

March 03 - MAR -04

GR/EEF

AMOUNT

\$ 3,300

3/2/04

DATE

Vendor ID (GREFE0602)	Vendor Name GREEN SPHERE INCORPORATED	Date March 6, 2004	Document No. 147672
Invoice No. CM:1/15/04 CMB:1/26/04	Date POS 1/15/2004 1/26/2004	Description 3-1 MATCH: CHERYL MCERMAN 3-1 MATCH: CHERYL MCERMAN	Amount \$4,200.00 \$3,300.00 \$7,500.00

TOTAL:



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

JUN 16 2004

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Match
29-Jun-04

Green Sphere, Inc.

NAME OF GIFT RECIPIENT

7,500

86-02 Park Lane South, 6B5

ADDRESS

Woodhaven, NY

CITY/STATE

11421

ZIP CODE

\$ 2,500.00

AMOUNT OF GIFT

6/14/2004

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: RESTRICTED: _____

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl & Anthony McEwan

PRINTED NAME OF CONTRIBUTOR

Cheryl & Anthony McEwan

SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 2,500. was received on 6/14/04

by Green Sphere Inc. and that I have read, and will ensure our organization's

NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

Frank Melli

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Frank Melli

SIGNATURE

FOR FOUNDATION USE ONLY:

Frank Melli
CORPORATE SECRETARY

6/16/04

DATE

Vendor ID (GREE000L)	Vendor Name GREEN SPHERE INCORPORATED	Date July 1, 2004	Document No. 149020
Invoice No. ETI: 6/34/04	Date PO# 6/29/2004	Description 3-1 MATCH: CHERYL MCNEWAN	Amount \$7,500.00
			\$7,500.00

